



Mississippi  
Non-Resident or Part-Year Resident  
Individual Income Tax Return  
2006

For Official Use Only

Page 1

# WII N

**Duplex or Photocopies NOT Acceptable**

Name & Address	Taxpayer			Spouse		
	Last Name	First Name	Middle Initial	Last Name	First Name	Middle Initial
Taxpayer Last Name	Taxpayer First Name	Taxpayer Middle Initial	Taxpayer SSN			
Spouse Last Name	Spouse First Name	Spouse Middle Initial	Spouse SSN			
Mailing Address (Number & Street, Including Rural Route)						
City	State	Zip	<b>▲ YOU MUST ENTER SSN ▲</b>			

**▲ YOU MUST ENTER SSN ▲**

Residence County Code - See Instructions

<b>Filing Status and Exemptions</b>	<p>1. Married - Combined or Joint Return - Enter \$12,000 on Line 12.</p> <p>2. Married - Spouse Died in Tax Year - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.</p> <p>3. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.</p> <p>4. Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.</p> <p>5. Single - Enter \$6,000 on Line 12.</p> <p>6. Dependents (In column (b) enter C for child, P for parent or R for relative).</p> <table border="1"> <thead> <tr> <th>(a) Name</th> <th>(b)</th> <th>(c) Dependent SSN</th> </tr> </thead> <tbody> <tr><td></td><td>-</td><td>-</td></tr> <tr><td></td><td>-</td><td>-</td></tr> <tr><td></td><td>-</td><td>-</td></tr> <tr><td></td><td>-</td><td>-</td></tr> </tbody> </table>	(a) Name	(b)	(c) Dependent SSN		-	-		-	-		-	-		-	-	<p>7. Mark "X" ONLY if:</p> <table border="1"> <tr> <td>Taxpayer Age 65 or Over</td> <td>Taxpayer Blind</td> </tr> <tr> <td>Spouse Age 65 or Over</td> <td>Spouse Blind</td> </tr> </table> <p>8. Number of Dependents Listed on Line 6</p> <p>9. Number of Boxes Marked "X" on Line 7</p> <p>10. Total of Line 8 plus Line 9</p> <p>11. Line 10 x <b>\$ 1,500</b> =</p> <p>12. Enter Amount from Lines 1 through 5.</p> <p>13. Total (Line 11 plus 12).</p> <p>14. If Filing MFS Returns, Enter 1/2 of Line 13.</p>	Taxpayer Age 65 or Over	Taxpayer Blind	Spouse Age 65 or Over	Spouse Blind
(a) Name	(b)	(c) Dependent SSN																			
	-	-																			
	-	-																			
	-	-																			
	-	-																			
Taxpayer Age 65 or Over	Taxpayer Blind																				
Spouse Age 65 or Over	Spouse Blind																				

**COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER.** The Exemption and Deduction (Standard or Itemized) Must be Prorated According to the Ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all Sources.

### 15. Ratio Computation

**a. MS Adjusted Gross Income**

b. Total Adjusted Gross Income From All Sources		00
c. Ratio, Line 15a Divided by 15b		00

## 16. Standard or Itemized Deduction Computation

**a. Standard or Itemized Deduction**

[illegible]

## 17. Exemption Computation

**a. Exemption, Line 13 above. (Line 14 if MFS)**

b. MS Exemption, 17a Times 15c

## Proration

If Filing Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY.		Column A (Taxpayer)	Round to Nearest Dollar	Column B (Spouse)
<b>Income</b>	18. Mississippi Adjusted Gross Income ▶ (P) (From Line 55 or 56, Page 2)		00 ▶ (B)	00
	19. Standard or Itemized Deductions ▶ (F) (Line 16b)		00 ▶ (H)	00
	20. Amount of Exemption (Line 17b)		00	00
	21. Mississippi Taxable Income (Line 18 minus Lines 19 & 20) See Instructions (If Less Than 0, Enter 0)		00	00

## Income

## Credits

[illegible]

## Refund or Balance Due

Refund or Balance Due		OVERPAYMENT		REFUND		BALANCE DUE		TOTAL DUE	
27.	Enter the amount of Overpayment if Line 26 is larger than Line 22.								
28.	Amount of Overpayment to be applied to Your Next Year Estimate Tax Account.			▶ (C)					
29.	Amount of Overpayment to be Refunded to You. (Subtract Line 28 from Line 27.)			▶ (R)					
30.	Enter Balance Due if Line 22 is Larger than Line 26.								
31.	Interest on Underpayment of Estimated Tax Payments			▶ (I)					
32.	Interest and Penalty (See Instructions)			▶ (T)					
33.	<b>TOTAL DUE</b> (Add Lines 30, 31, and 32) Attach Check or Money Order for Total Due payable to: <b>State Tax Commission. (ENCLOSE PAYMENT VOUCHER 80-106)</b>			▶ (V)					

**PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.**



802050682000

# Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2006

Page 2

Taxpayer  
SSN

Example:

If Showing A Loss, Shade Minus (-) In Box.

Total Income From All Sources

Mississippi Income ONLY

## Other Income

34. Wages, Salaries, Tips, Etc. (Must Attach W-2s)						00						00
35. Business Income (Loss) (Must Attach Fed. Sch. C or C-EZ)						00						00
36. Capital Gain (Loss) (Must Attach Fed. Sch. D)						00						00
37. Rent, Royalties, Partnership, S-Corps, Trusts, etc. (Must Attach Fed. Sch. E)						00						00
38. Farm Income (Loss) (Must Attach Fed. Sch. F)						00						00
39. Interest Income						00						00
40. Dividend Income						00						00
41. Alimony Received						00						00
42. Taxable Pensions and Annuities.						00						00
43. Unemployment Compensation (Must Attach Form(s) 1099-G)						00						00
44. Other Income (Loss) MS Sch. N						00						00
45. <b>Total Income</b> (Add Lines 34 through 44)						00						00

## Adjustments to Income

46. Payments to an IRA						00						00
47. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans.						00						00
48. Interest Penalty on Early Withdrawal of Savings						00						00
49. Alimony Paid (Complete)						00						00
50. Moving Expense (Must Attach Fed. Form 3903)						00						00
51. National Guard or Reserve Pay Exclusion						00						00
52. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)						00						00
53. Self-Employed Health Insurance Deduction)						00						00
54. <b>Total Adjustments</b> (Add Lines 46 through 53.)						00						00
55. Adjusted Gross Income (Line 45 minus Line 54) Carry Total AGI to Line 15b & MS AGI to Line 15a.						00						00
56. Split MS AGI on Line 55 between Taxpayer (T) & Spouse (S).	T					00	S					00

**Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.**

Tax Rate(s)	Taxpayer (Column A)	Spouse (Column B)	Total	Rate	Income Tax
1. First \$5,000 or Part	+			x 3%	
2. Next \$5,000 or Part	+			x 4%	
3. Remaining Balance	+			x 5%	
4. Subtotal	+				
5. <b>Total Income Tax</b> - Enter on Page 1, Line 22					

**Schedule P - Alimony Paid**

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name

SSN of Recipient

State of Residency

**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Taxpayer Signature	Taxpayer Phone ( )	<b>This Return may be discussed with the preparer.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Firm Identification Number or PTIN - - - - -
Spouse Signature (If joint, <b>BOTH</b> must sign)	Date		<b>OR</b> Paid Preparer Social Security Number or PTIN - - - - -
Paid Preparer Signature	Date		Paid Preparer (Print Firm Name)
Paid Preparer Phone ( )	Paid Preparer Address		

Mail **REFUND** To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058  
 Mail **All Other Returns** To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050